

<b>FCC Form 481 - Carrier Annual Reporting</b> <b>Data Collection Form</b>	FCC Form 481 OMB Control No. 3060-0986/0115 Control No. 3060-0819 July 2013
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<010> Study Area Code	421901
<015> Study Area Name	KINGDOM TELEPHONE CO
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Marla McCowan
<035> Contact Telephone Number: Number of the person identified in data line <030>	5733862241 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	mkmccowan@ktis.net

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
		(check box when complete)	
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 421901N0510.pdf	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 421901N0610.F3F	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> 421901M01010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)?	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

*Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting  
Data Collection FormFCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	421901
<015>	Study Area Name	KINGDOM TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	57138622x1 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111>	year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

421901M0112.pdf

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.


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<035>	Contact Telephone Number - Number of person identified in data line <030>	5733862241 ext.
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<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733862241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mmccowan@kris.net

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

<010>	Study Area Code	421901
<015>	Study Area Name	KINGDOM TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733862241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

See attached worksheet



(900) Tribal Lands Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	421901
<015>	Study Area Name	KINGDOM TELEPHONE CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Harla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	5733662241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

&lt;910&gt; Tribal Land(s) on which ETC Serves

&lt;920&gt; Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes, No, NA)

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(1100) No Terrestrial Backhaul Reporting  
Data Collection Form

FCC Form 481

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July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

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(1200) Terms and Condition for Lifeline Customers  
Lifeline  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

421901MO1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP [http://www.kingdomtelco.com/phone\\_home\\_assistance.php](http://www.kingdomtelco.com/phone_home_assistance.php)

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |        |   |                                     |
|--------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

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**(2800) Price Cap Carrier Additional Documentation****Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

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July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

**Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

**Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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**Connect America Phase II Reporting {47 CFR § 54.313(e)}**

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>

<2021>	Interim Progress Community Anchor Institutions	<div style="border: 1px solid black; width: 200px; height: 80px; margin: 0 auto;"></div>
--------	--	--

Name of Attached Document Listing Required Information

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(3000) Rate of Return Carrier Additional Documentation  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	421901
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<039> Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@kts.net

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ ☒  
(Yes/No) ☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐  
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No) ☒ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒

- (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☒

- (3021) Management letter issued by the independent certified public accountant that performed the company's financial audit. ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐

- (3023) Underlying information subjected to a review by an independent certified public accountant ☐

- (3024) Underlying information subjected to an officer certification. ☐

- (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

421901H03026.pdf

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

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Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<039> Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: KINGDOM TELEPHONE CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/29/2014
Printed name of Authorized Officer: Marla McCowan	
Title or position of Authorized Officer: Controller	
Telephone number of Authorized Officer: 5733862241 ext.	
Study Area Code of Reporting Carrier: 421901	Filing Due Date for this form: 07/01/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	



Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<030> Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035> Contact Telephone Number - Number of person identified in data line <030>	5733862241 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Attachments

<701>	Residential Local Service Charge Effective Date	1/1/2014
<702>	Single State-wide Residential Local Service Charge	

[illegible]

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktis.net

[illegible]



<010>	Study Area Code	421901
<015>	Study Area Name	KINGDOM TELEPHONE CO
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<030>	Contact Name - Person USAC should contact regarding this data	Marla McCowan
<035>	Contact Telephone Number - Number of person identified in data line <030>	5723862241 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mkmccowan@ktia.net
<810>	Reporting Carrier	Kingdom Telephone Company
<811>	Holding Company	
<812>	Operating Company	Kingdom Telephone Company

[illegible]

Kingdom Telephone Company (Kingdom)

SAC 421901

Missouri

FCC Form 481 – Line 510

Kingdom hereby certifies that it is complying with applicable service quality standards and consumer protection rules.

Description of Service Quality Standards and Consumer Protection Rules Compliance

- 1) Kingdom complies with the consumer protection, quality of service standard, service objective level, customer inquiry and customer dispute provisions of the state of Missouri as promulgated in Missouri Code of State Regulations 4 CSR 240 Chapters 32 and 33 (even though compliance with these regulations has been waived by the Missouri Public Service Commission). Kingdom is committed to providing the highest quality service to its customers.
- 2) For the protection of consumer privacy, Kingdom complies with the requirements of 47 CFR Part 64 Subpart U, Customer Proprietary Network Information and Subpart Y, Truth in Billing Requirements for Common Carriers, and Federal Trade Commission Red Flag rules to prevent identity theft. A company manual for CPNI and Red Flags is in place, and employee training is conducted annually and new hires are instructed on the programs as required by their job functions.

Kingdom Telephone Company (Kingdom)

SAC 421901

Missouri

FCC Form 481 – Line 610

Kingdom hereby certifies that it is able to function in emergency situations as set forth in the Code of Federal Regulations, Title 47, Part 54, Subpart C, §54.202(a)(2)1 and the Missouri Code of State Regulations.

Description of Functionality in Emergency Situations

- 1) Kingdom maintains a Disaster Recovery manual, which has been filed with the Missouri Public Service Commission.
- 2) Kingdom has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.
- 3) Specifically, each of Kingdom's Digital Loop Carriers, fiber fed NIDs, and switches are equipped with a 48 volt battery system capable of powering the equipment for 8 hours with no outside power source. A backup generator capable of running for an extended number of days is also located at each switch.

Kingdom has built redundant facilities between its exchanges and also back to its toll facilities which exit to the public switch telephone network. This redundant facility is in the form of SONET and Ethernet ring architecture. The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require. Kingdom takes no responsibility for the capabilities of interconnected networks to manage traffic spikes resulting from emergency situations, but will continue its best efforts for its own network during such events.

Kingdom Telephone Company (Kingdom)

SAC 421901

Missouri

FCC Form 481 – Line 1010

Description of Voice Services Rate Comparability:

- 1) As evidenced by the data provided in line 700 of this Form 481 (showing a \$14.00 per month local rate), Kingdom Telephone's voice service pricing is no more than 2 standard deviations above the national average urban rate (\$46.96) as announced by the Wireline Competition Bureau on March 20, 2014 (DA 14-384).



Kingdom Telephone Company (Kingdom)

SAC 421901

Missouri

FCC Form 481 – Line 1210

Description of Lifeline Terms and Conditions

- 1) See below for Kingdom's Customer Application for Lifeline customers.
- 2) See below for the applicable pages from Kingdom's local tariff explaining the terms and conditions for Lifeline service.
- 3) All of Kingdom's Lifeline customers receive unlimited local calling minutes.
- 4) Kingdom provides toll calling equal access for all Lifeline customers to 28 interexchange carriers (IXCs). The rates, terms and conditions of their toll carrier offerings are made by the IXCs, not by Kingdom.

## **Federal and State of Missouri Lifeline Program**

### **What kind of assistance can I receive?**

Eligible low-income or disabled consumers can receive up to \$12.75 in reductions on their telephone bill in the form of a credit against their monthly recurring dial tone charges billed by Kingdom Telephone. This reduction may vary depending on each consumer's eligibility and applies only to a single telephone line at the qualifying consumer's principal place of residence.

### **How do I qualify?**

To qualify for Low-Income Lifeline in Missouri, a consumer or dependent must either have an income that is at or below 135% of the federal Poverty Guidelines or participate in one of the following programs: Medicaid; Food Stamps; Supplemental Security Income; Federal Public Housing Assistance; Low-Income Home Energy Assistance; National School Free Lunch Program; or Temporary Assistance for Needy Families.

To qualify for Disabled Lifeline in Missouri, a consumer or dependent must participate in one of the following programs: Federal Social Security Disability Benefits; Federal Supplemental Security Income Benefits; Veterans' Administration Benefits; State Blind Pension (pursuant to Section 209.020 to 209.610 RSMo); State Aid to the Blind (pursuant to Section 209.240 RSMo); or State Supplemental Payments (pursuant to Section 208.030 RSMo, Section 660.100.2 RSMo 2000).

### **What services qualify for assistance?**

Qualifying consumers will receive this assistance on the following services: voice grade access to the public switched network; single-party service; access to emergency services; access to operator services; access to inter-exchange service; access to directory assistance; bundled service plans combining voice and broadband or packages including optional calling features; and voluntary total toll blocking, which prevents the placement of any long-distance calls.

Carriers, like Kingdom, providing Lifeline may not collect a service deposit in order to initiate Lifeline services if the qualifying low-income or disabled consumer voluntarily elects toll blocking.

### **What else do I need to know?**

The FCC will also require that all current Lifeline recipients be "re-certified" annually. Consumers who willfully make false statements in order to obtain program benefits can be punished with a fine or imprisonment or barred from the program.

**For additional details, call our office at 800-487-4811.**

#1

## Kingdom Telephone Company Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for voice telephony service through the Lifeline program or the Disabled program. Lifeline service offers a monthly discount of \$12.75. The Disabled program offers a \$3.50 monthly discount. To apply complete this form and also submit proof of eligibility.

Eligibility Criteria	
Lifeline Program	Disabled Program
<input type="checkbox"/> MO HealthNet (f/k/a Medicaid) <input type="checkbox"/> Supplemental Nutrition Assistance (Food Stamps) <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Low-Income Home Energy Assistance (LIHEAP) <input type="checkbox"/> Federal Public Housing Assistance (Section 8) <input type="checkbox"/> National School Free Lunch Program <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> 135% of the Federal Poverty Level <i>(See next page for income threshold requirements)</i>	<input type="checkbox"/> Veteran Administration Disability Benefits <input type="checkbox"/> State Blind Pension <input type="checkbox"/> State Aid to Blind Persons <input type="checkbox"/> State Supplemental Disability Assistance <input type="checkbox"/> Federal Social Security Disability <input type="checkbox"/> Federal Supplemental Security Income

Applicant's Full Name:	Birth Date:	Social Security # (last 4 digits):	DCN:*
Name on Voice Service Account (If different from Applicant):		Customer Contact Telephone Number:	
Customer's Full Residential Service Address <i>(no P.O. Boxes):</i> Street:  City, Town, Zip:		Is this address a temporary address? Yes / No <i>(circle the appropriate response)</i> <i>(If "yes" then must verify address every 90 days.)</i>	
Is this address also my billing address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If "no" please provide billing address):</i>			

\*This number is assigned to program participants of MO HealthNet, LIHEAP, Food Stamps and TANF.

**I understand the following obligations and provisions about the Lifeline and Disabled programs:**

- The Lifeline and Disabled programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline or Disabled service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits.
- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.



#1

**I CERTIFY UNDER PENALTY OF PERJURY EACH OF THE FOLLOWING:**

- I meet the eligibility criteria for the Lifeline program or the Disabled program.
- I will provide notification to my voice service provider within 30 days if for any reasons I no longer satisfy the criteria for receiving Lifeline or Disabled benefits including, as relevant, if I no longer meet the income-based or program-based criteria for receiving Lifeline or Disabled support, I receive more than one Lifeline or Disabled benefit, or another member of my household is receiving a Lifeline or Disabled benefit.
- If I move to a new address I will provide that new address to my voice service provider within 30 days.
- If I have a temporary residential address then I will be required to verify my address with my voice service provider every 90 days.
- My household will receive only one Lifeline or Disabled service and, to the best of my knowledge, my household is not already receiving a Lifeline or Disabled service.
- I acknowledge the obligation to re-certify my continued eligibility for Lifeline or Disabled benefits at any time and failure to re-certify my continued eligibility will result in de-enrollment and the termination of Lifeline or Disabled benefits.
- I consent to providing my name, telephone number and address to the Universal Service Administrative Company for the purpose of verifying I do not receive more than one Lifeline benefit. I also consent to sharing my account information with the Federal Communications Commission and Missouri Public Service Commission who oversee and administer the Lifeline or Disabled programs.

\_\_\_\_\_ I certify I have \_\_\_\_\_ individuals in my household.  
(Initial and complete only if qualifying under income threshold.)

The information supplied on this form is true and correct.

I acknowledge providing false or fraudulent information to receive Lifeline or Disabled benefits is punishable by law.

\_\_\_\_\_  
Signature of Customer

\_\_\_\_\_  
Date

Submit a completed signed form and proof of eligibility.

Annual Income Thresholds for Meeting 135% of Federal Poverty Level (Based on Household Size)								
1	2	3	4	5	6	7	8	Each add'l person
\$15,755	\$21,236	\$26,717	\$32,198	\$37,679	\$43,160	\$48,641	\$54,122	+ \$5,481/person

Acceptable documentation for meeting the criteria of 135% of the federal poverty level includes: a copy of prior year's state or federal tax return; paycheck stub (three consecutive months); a statement of benefits for Social Security, Veterans Administration, retirement/pension or Unemployment/Workmen's Compensation; or other legal documents showing current income (e.g. divorce decree, child support award). Any documentation must cover a full year or three consecutive months within the previous twelve months.

**Company Use Only:**

I hereby attest the applicant presented acceptable proof of eligibility.

\_\_\_\_\_  
Print name of company official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



#2

Kingdom Telephone Company  
of Auxvasse, Missouri

P.S.C. MO. No. 2  
2<sup>nd</sup> Revised Sheet No. 4-28  
Cancels 1<sup>st</sup> Revised Sheet No. 4-28

# LOCAL EXCHANGE SERVICE

## 4. Local Exchange Service

### 4.10 Lifeline Service (Cont'd)

#### B. Eligibility Requirements

1. An applicant must meet all of the following criteria in order to qualify for Lifeline Service.
  - a. To qualify for Lifeline the consumer must participate in one of the following programs:
    - 1) Mo HealthNet (f/k/a Medicaid) (T)
    - 2) Food stamps (T)
    - 3) Supplemental Security Income (SSI) (T)
    - 4) Federal Public Housing Assistance or Section 8 (T)
    - 5) Low Income Home Energy Assistance Program (T)
    - 6) National School Free Lunch Program (T)
    - 7) Temporary Assistance for Needy Families, or (T)
    - 8) The customer's income, as defined in 47 CFR §54.400(f), is at or below 135% of the Federal Poverty Guideline (effective June 1, 2012). (N)
2. The customer must sign, under penalty of perjury a document certifying:
  - a. He/she is receiving benefits from one of the programs in 1.a. above.
  - b. Name of the program(s) from which they are receiving benefits.
  - c. That he/she will notify the company if he/she no longer participates in the program(s) named in a. preceding.
3. The premises at which the residence service is requested must be the applicant's principal place of residence.
4. There is only one telephone line serving the residence premises. The residence premises household (dwelling unit) shall consist of that portion of an individual house or building or one flat or apartment occupied by a single family or individuals functioning as one domestic establishment.

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Tom Young  
Kingdom Telephone Company  
211 South Main Street  
Auxvasse, MO 65231

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JI-2012-0464

# 2

Kingdom Telephone Company  
of Auxvasse, Missouri

P.S.C. MO. No. 2  
2<sup>nd</sup> Revised Sheet No. 4-29  
Cancels 1<sup>st</sup> Revised Sheet No. 4-29

# LOCAL EXCHANGE SERVICE

## 4. Local Exchange Service (Cont'd)

### 4.11 Missouri Universal Service Fund Low-Income Assistance

- A. General-A low-income customer is any customer who requests or received residential essential local telecommunications service and who has been certified by the Department of Social Services (DSS) as economically disadvantaged. Qualified individuals will receive discounted services under either the low-income assistance or the disabled assistance program.
- B. Regulations-Low income assistance is available to all residential customers who demonstrate, by self certifying with the company under penalty of perjury, that they are eligible for support by participation in:
  - 1) Mo HealthNet (f/k/a Medicaid) (T)
  - 2) Food Stamps
  - 3) Supplemental Security Income (SSI)
  - 4) Federal Public Housing Assistance or Section 8
  - 5) Low Income Home Energy Assistance Program
  - 6) National School Free Lunch Program (T)
  - 7) Temporary Assistance for Needy Families, or (T)
  - 8) The customer's income, as defined in 47 CFR (N)  
§54.400(f), is at or below 135% of the Federal  
Poverty Guideline (effective June 1, 2012). (N)
- C. Eligible Services – Essential local telecommunications service is defined as two (2) way switched voice residential service within a local calling scope as determined by the commission, comprised of the following services and their recurring charges; (T)
  - 1) Single line residential service, including touch-tone dialing and any applicable mileage or zone charges
  - 2) Access to local emergency service, including, but not limited to, 911 service established by local authorities
  - 3) Access to basic local operator services
  - 4) Access to basic local directory assistance
  - 5) Standard intercept service
  - 6) Equal access to Inter-Exchange Carriers consistent with rules and regulations of the FCC
  - 7) One (1) standard white pages directory listing
  - 8) Toll blocking or toll control for qualifying low-income customers

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211 South Main Street  
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Kingdom Telephone Company  
of Auxvasse, Missouri

#2  
P.S.C. MO NO. 2  
Original Sheet No. 4-30

### LOCAL EXCHANGE SERVICE

- A. Support Amount – Customers eligible under the established criteria can receive a Discount from their bill for essential local telecommunications service equal to the amounts approved by the Missouri Public Service Commission and the Federal Communication Commission. The amount of combined federal and state lifeline support for any customer will not exceed the sum of the federal Subscriber Line Charge (SLC) and the recurring charges for essential total telecommunications services (including the basic service rate, Touch-Tone calling charge, extended area service additive, and mileage additives, if any).

#### 4.12 Missouri Universal Service Fund Disabled Assistance

- A. General – A disabled customer, or a dependent, is a customer who requests or receives residential essential local telecommunications service, as defined in section 4.11(C) of this tariff, and meets the eligibility requirements set forth in this tariff.
- B. Regulations – Disabled assistance is available to all residential customers who demonstrate, by self certifying with the company under penalty of perjury, that they, or a dependent, are totally and permanently disabled or blind and receiving any of the following:
- 1) Federal Social Security Disability benefits
  - 2) Federal Supplemental Security income benefits
  - 3) Veterans Administration benefits
  - 4) State blind pension pursuant to Section 209.010 to 209.160, RSMo
  - 5) State aid to blind persons pursuant to Section 209.240 RSMo
  - 6) State Supplemental payments pursuant to Section 208.030, RSMo Section 660.100.2 RSMo 2000.
- C. Support Amount – Customers eligible under the established criteria can receive a discount equal to the amount approved by the Missouri Public Service Commission from their bill for essential local telecommunications service. The amount of state lifeline support for any customer will not exceed the recurring charges for essential local telecommunications services (including the basic service rate, Touch-Tone calling charge, extended area service additive, and mileage additives, if any).

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Tom Blevins  
Kingdom Telephone Company  
211 South Main Street  
Auxvasse, MO 65231

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**FILED**  
**MO PSC**

REDACTED FOR PUBLIC INSPECTION

**REDACTED FOR PUBLIC INSPECTION**

**ATTACHMENT – LINE 112**

**FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN**

**ATTACHMENT REDACTED IN ENTIRETY**



REDACTED FOR PUBLIC INSPECTION

REDACTED FOR PUBLIC INSPECTION

ATTACHMENT – LINE 3026

ATTACHMENT REDACTED IN ENTIRETY